Register for only the weeks and times you want!

## Lincoln Parks and Recreation

June 5 - August 11 Monday - Friday

Weekly fee includes all activities and a daily snack.

## Elementary School Day Camp 2006

Registration Begins January 16

Develop sportsmanship, teamwork, and confidence through games, sports, crafts, and field trips! Registration is limited. Waiting lists will be maintained.

| Camps Available  | Theme   |  |   | Payment 1                       | <u>Information</u>               |                              | Phone   |  |
|--|---|--|---|---------------------------------|----------------------------------|------------------------------|---|--|
| K - 5 at Air Park Rec.*                                    | Camp Kids   |  | 3720 NW 46th Street, Lincoln, NE 68524                  |                                 |                                  |                              | 4 441-7876  |  |
| K - 4 at Belmont Rec.*                                     | Lifting Up Lite                                   | racy   |   | 1234 Judso                      | 441-6789                         |                              |   |  |
| K - 4 at Calvert Rec. *                                    | Around the Wo                                     | rld in 10 Wee  | eks 4500 Stockwell Avenue, Lincoln, NE 68506            |                                 |                                  |                              | 506 441-8480  |  |
| K - 4 at Irving Rec.                                       | Camp Characte                                     | Camp Character   |   |                                 | 2010 Van Dorn, Lincoln, NE 68502 |                              |   |  |
| K - 4 at Bethany Park                                      | Globe Trotters                                    |  | Contact the Playground Office                           |                                 |                                  |                              | 441-7952  |  |
| K - 4 at Hill School                                       | Time Travelers                                    | <b>,</b>   | Contact the Playground Office                           |                                 |                                  |                              | 441-7952  |  |
| K - 4 at Pershing School                                   | Outdoor Adven                                     | ture   |   | Contact th                      | e Playground                     | d Office                     | 441-7952  |  |
| * Offers additional week of<br>from Aug 14 - 18. Call to r |   | Registration   |   | •                               | child nor w                      | ook non-rofunds              | able, non-applicable  |  |
| Multiple Child Disessents                                  |   | _  | _   | _                               |                                  | nilies. Registration         |   |  |
| Base fee applies to the fi                                 |   |  | _   |                                 | -                                | -                            | nt schedule will be   |  |
| additional child from the                                  | •   | mailed after   |   | _                               | ,                                | , 1 0                        |   |  |
| \$5.00 off the base fee onl                                | -   |  |   |                                 |                                  | /I-I D E                     | _   |  |
|  |   |  | ce is due according to Weekly Base Fee:<br>ng schedule: |                                 |                                  |                              | :   |  |
| your choice of day camp                                    |   | Weeks 1-3  | ily st  | Payment due by                  | May 12 7:                        | :00 am - 8:30 am             | \$13.00 per child   |  |
|  | Thanks to ALLTEL for providing cellular phones at | Weeks 4-7  |   | Payment due by                  |                                  | :30 am - 4:30 pm             | \$70.00 per child   |  |
|  | each location for our staff's                     |  | (11)  | Payment due by                  |                                  | :30 pm - 6:00 pm             | \$13.00 per child   |  |
| The power to simplif                                       | y communication needs.                            |  |   |                                 |                                  |                              |   |  |
|  |   | Mark the weeks, times, and numbers of children attending each session. |   |                                 |                                  |                              |   |  |
| Day Camp 2006 Registration                                 |   |  | We  | eek                             | 7:00-8:30                        | 8:30-4:30                    | 4:30-6:00   |  |
|  |   |  |   | June 5 - 9                      |                                  |                              |   |  |
| Participant's Name   |   |  |   | June 12 - 16                    |                                  |                              |   |  |
| _  |   |  |   | June 19 - 23<br>June 26 - 30    |                                  |                              |   |  |
| Day Camp Location  |   |  |   | July 3 - 7                      |                                  |                              |   |  |
| • •  |   |  | _   | July 10 - 14                    |                                  |                              |   |  |
| Grade Completed  | Birthdate   | hdate  |   | July 17 - 21                    |                                  |                              |   |  |
| •  |   |  |   | July 24 - 28                    |                                  |                              |   |  |
| Street Address   |   |  |   | July 31 - Aug 4<br>0 Aug 7 - 11 |                                  |                              |   |  |
|  |   |  |   |                                 | vill be held at Air              | Park, Belmont, Calve         | ert; Call them to register.   |  |
| City   | State Zi  | p  |   | ke checks payabl                |                                  |                              | •   |  |
|  |   | r  |   | ırn to Day Camp Lo              |                                  |                              |   |  |
| Parent's Name  |   |  |   | Include Dep                     |                                  | Check #                      | Rcp. #  |  |
|  |   |  | Waive   |                                 |                                  | on the undersigned parent (s | s) or guardian (s) of the participant                                     |  |
| Home Phone   | Day Phone   |  | in the l  | Recreation Day Camp Program     | n, I/we recognize and            | acknowledge that there are   | certain risks of physical injury and                                      |  |
| Tiomo i none   | Bay I none  |  |   |                                 |                                  | -                            | dersigned or my minor child/ward sociated with such program. I/we         |  |
| Name of Parent at Day Phone                                |   |  | -   |                                 |                                  |                              | City of Lincoln and the Parks and   |  |
| Name of Farent at Day Fnome                                |   |  |   | -                               |                                  |                              | n any and all claims arising from<br>incur or may accrue to me or my      |  |
| DI 0 C 1   |   |  |   |                                 |                                  |                              | we further agree to indemnify and   |  |
| Phone & name of another pe                                 | rson to contact in case                           | e of emergency   |   |                                 |                                  |                              | ment, its officials, officers, agents, eath, damages and losses sustained |  |
| ¢10 pau ahild/pau ····                                     | ook nonvotusedabla                                | donosit  | by the  | undersigned or my minor chi     | ld or ward or arising            | out of this program. I/we ha | ave read and understand the above   |  |
| \$10 per child/per we                                      | eek nometungable                                  | ueposit  | Waive   | r and Release of All Claims an  | d understand the effe            | ct of the relinquishment.    |   |  |
| T-shirt Size:  |   |  |   |                                 |                                  |                              |   |  |
|  | _ Adult Medium                                    |  | Nan   | ne                              |                                  | Relationship                 | Date  |  |
| Youth Large  | _ Adult Large                                     |  |   |                                 |                                  |                              |   |  |
|  | _ Adult XLarge                                    |  | Nan   | ne                              |                                  | Relationship                 | Date  |  |
|  |   |  |   |                                 |                                  |                              |   |  |